Reflections

One step forward, one step back

The good and the bad of office visits

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"Why Depo-Provera?" I asked the 17-year-old Native girl sitting across from me, as I quickly drew up 150 mg of the milk-white contraceptive. I was a little behind in my day and was thankful for this quick and easy visit.

"I could not remember to take the pill every day," she said.

"Sounds like a good reason," I replied as I gave her the injection. She thanked me and left while I wrote my notes in her clinic chart. I remember the days before medroxyprogesterone acetate when too many teenage girls got pregnant while supposedly taking the pill. I remember the days when too many teenage girls with intrauterine devices got severe pelvic infections. I remember the days when too many teenage girls showed up in emergency rooms in the wee hours of the night asking for the "morning after" pill (levonorgestrel and ethinyl estradiol). When medroxyprogesterone arrived in the mid-1990s, it seemed like the answer to all teenage contraception problems.

The clinic nurse came in and began preparing the room for the next patient.

"Some of those young girls on Depo-Provera are sure putting on the pounds, aren't they?" said the nurse.

I looked at the name of the girl I had just seen. "Bethany's daughter," I said to myself. I hardly recognized her. She had indeed put on 25 pounds since starting therapy 16 months ago.

I asked the pharmacist to give me a list of women coming to the clinic who were receiving medroxyprogesterone. That evening I summarized the findings: 12 Native women, average age 26 years, average duration of medroxyprogesterone therapy 2.8 years, and average weight gain 8.8 kg (versus four non-Native women, average age 32 years, average duration of medroxyprogesterone therapy 2.2 years, and average weight gain 1.1 kg).

While medroxyprogesterone has helped lower the teenage pregnancy rate in our community, I wonder whether it will contribute to two new epidemics sweeping aboriginal communities: obesity and type 2 diabetes mellitus. Why is it that even visits that seem straightforward are, in reality, not?

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